

**Chicago City Council Budget Hearing
Remarks of Bechara Choucair, M.D.
Commissioner, Department of Public Health
October 23, 2012**

Introduction

Good morning Madam Chair and honorable members of the City Council.

Last year at this time, I sat before you and described our planned 2012 focus on realignment, reform and reinvesting in our communities. Before sharing our plans for 2013, I want to provide you with a brief update on the reforms and changes we've made to improve access to healthcare services and the quality of care provided to Chicago residents.

- Community Health reforms: With the goals of service improvement and saving millions of taxpayer dollars, CDPH has transitioned its primary care operations and services to Federally Qualified Health Centers (FQHCs). Seven FQHCs were selected, six of which are delivering services at the original CDPH health center location. The seventh provider is just blocks away. This transition includes a \$4.7 million investment to cover the costs of uninsured patients so that they can continue to receive services without interruption through our FQHC partners.
- Mental Health reforms: Our mental health reforms have focused on serving the uninsured and strengthening the city-wide mental health system to better address the needs of all who depend on mental health services. We have consolidated our 12 mental health centers to six, while preserving the capacity to continue to serve 4,000 clients a year. This move has enabled CDPH to provide improved services by having each of our remaining six centers better staffed. We have already seen over 488 new clients in our clinics since May. We also invested \$500,000 to increase community-based psychiatric services for 1,000 patients, and expanded the mental health network by working with more than 60 community health providers to serve approximately 400 of CDPH's existing insured clients.

The transformation of our clinical care model has enabled CDPH to focus more intently on our core public health functions. These priorities are reflected throughout our Healthy Chicago public health agenda, released last August. While we will be issuing an annual progress report in the next two months, I can report now that working closely with public health stakeholders and other partners we have begun implementation of 85% of our 193 strategies.

Our 2013 budget has been built to support Healthy Chicago, and a focus on three core areas is key to the successful attainment of our Healthy Chicago goals: (a) *Investing in Children's Health*, (b) *Reinvesting in Partnerships*, and (c) *Capturing New Public Health Funding*.

Investment in Children's Health

We established an Office of Adolescent and School Health last year to create synergies and better focus our resources to promote children's health. Consistent with the Mayor's planned *Investment in Our Children*, in 2013 we will expand existing programs and initiate others for children attending Chicago Public Schools (CPS).

- Our Oral Health program will expand to serve high school students. In 2012, we assured services for 113,126 pre-kindergarten through 8th grade students served, an 18% increase from the prior year, and have tripled the number of dental sealants provided (300,000). In 2013, we will assure that students at every CPS school are provided the opportunity to receive oral health services.
- In 2013 we will dedicate over \$1.4 million to a new Student Vision Program for students. This program will be modeled after our successful oral health program which collaborates with private providers to provide services to students in schools. This investment will ensure that 30,000 students who fail their vision screening will receive a visit with an optometrist and eyeglasses if necessary.
- Sexually transmitted infection (STI) education and screening services will be expanded from 28 to 60 high schools. Last year, 9,000 students were reached, and of the 6,147 who were screened, 436 (7%) tested positive for one or more STI and were treated.
- Teen pregnancy prevention program, a partnership with CPS, will reach 4,500 students in 23 high schools. The evidence-based program includes topical lessons on values, relationships, and sexuality; peer group meeting; and serving learning projects.
- Teen dating violence prevention interventions will be initiated in 2013. This new program will serve 9,000 students, parents and educators, and includes parent and teacher training, the delivery of an evidence-based curriculum, and social media.
- Finally, we are working with partners to develop a comprehensive strategic plan to guide adolescents' access to health and support services. This plan will be completed in 2013 and distributed to public, private and religious schools.

Reinvesting in Partnerships

A guiding principal of our Healthy Chicago agenda is that no one entity alone – neither public nor private - can make the differences needed to achieve a healthy city. Thus, we will strengthen and reinvest in partnerships

CDPH will commit more than \$90 million in grants and other public health resources to community, organizational and institutional partners to provide a broad array of services aligned with our Healthy Chicago goals. A few examples of new investments follow.

- We have successfully advanced several policy initiatives to create smoke-free housing and campuses and reduce the sales of unstamped cigarettes and tobacco sales to minors. However these systems-focused efforts to reduce tobacco use must be accompanied by resources to support individual behavior change.
- A partnership with Chicago's network of Federally Qualified Health Centers, with a \$700,000 investment, will support the modification of electronic health records systems across the health centers to advance evidence-based immunization strategies for adults and adolescents. These funds are in addition to the \$43 million in vaccines distributed by CDPH annually.
- A new partnership (\$150,000) with both citywide and community-based agencies will support our PlayStreets initiative. This effort is designed to combat obesity and heart disease by temporarily shutting down neighborhood streets to create safe, accessible space for physical activity.

We will continue to strengthen our partnerships with corporations and other large organizations that can assist us in meeting our Healthy Chicago goals. One example is our recent partnership with Walgreens to promote and increase access to influenza vaccines. With CDPH's assistance, Walgreens has established partnerships with the Department of Family and Support Services to administer influenza vaccine to senior citizens at Senior Service Sites and to students, their families and staff at Chicago Public Schools. In addition, Walgreens will be joining CDPH and other community partners as we promote and provide influenza vaccines during Vaccinate Chicago Week, beginning December 2nd.

Finally, we are encouraged by and remain committed to our partnerships with other City agencies. The majority of our initiatives, and indeed our successes, involve a partnership with at least one, and often multiple City agencies. Whether improving tobacco enforcement, developing a Food Plan, or addressing bed bugs, we value the opportunities to work with our City partners. These synergistic relationships allow for more comprehensive, multi-faceted approaches, which are ultimately more successful than the work that a single department can do by itself.

Capturing New Public Health Funding

CDPH receives annual grant awards of approximately \$100 million to support Healthy Chicago priorities. Much of this funding allows us to address specific health issues such as HIV prevention and care, women and children's health, and the control of communicable diseases. Importantly, we also receive grants to strengthen CDPH's infrastructure in areas such as

epidemiology (to better understand and target responses to populations in need) and a department-wide performance management capacity.

Yet, recognizing local and State budget challenges, we continue to aggressively pursue federal funding to support our Healthy Chicago priorities. In recent months, we have secured over \$7 million in new funding that will help support our work in 2013. These grants will support:

- The PlayStreets initiative, which will hold 50 events this year and continue in 2013;
- CareVan services, which include the provision of immunizations and health promotion and disease prevention educational information at community events across the city;
- Targeted HIV behavioral surveillance among young men (ages 13-17 years) who have sex with men. This information will be used to better target our prevention and care services;
- Capacity building to improve the effectiveness and quality of our immunization practices by improving immunization information systems, educating healthcare providers about appropriate handling and storage of immunizations, supporting public health department insurance billing systems and expanding the adult immunization delivery system.

Finally, our partnership with CPS best exemplifies the importance and connections across our investments in children and partnerships, and our commitment to secure new funding. This year we have built on our existing relationships to develop *Healthy CPS*, an initiative of Healthy Chicago. *Healthy CPS*, which will be released in later this year, identifies an array of health and wellness strategies to ensure that students of all ages are physically and emotionally healthy, and therefore in a better position to learn. CDPH and CPS recently joined forces and successfully competed for \$4.4 million in federal funding to launch this work with efforts to reduce tobacco use, increase physical activity, improve nutrition and promote mental and emotional well-being among the all CPS students. This effort will also unite our two agencies with community partners as well as the City's Department of Transportation and the Park District.

Conclusion

To successfully meet our commitments to invest in children's health, reinvest in partnerships, and capture new public health funding, we must do so in manner that ensures our resources are used responsibly and our services and programs are of high quality. We owe this to our partners, to our funders, to the taxpayers, and most importantly, to those Chicagoans who count on us to protect their health. We view this responsibility as our highest priority and towards that end we are working diligently to attain national public health accreditation. Our pursuit of accreditation affords CDPH the opportunity to constructively assess, and ultimately

improve, our performance across a broad range of standards and measures in areas such as disease investigation, information dissemination, policy development, and administration. The scope of this effort ensures that we not only serve our constituents effectively, but also in the most efficient manner possible. We formally submitted our application materials earlier this month. This process will result in CDPH being one of the first local public health departments, and the largest, to receive this endorsement. More importantly, it will strengthen our ability to provide important services to our residents.

While the changes we have made in 2012 have at times been difficult, they were ultimately necessary to allow CDPH to refocus on our core public health mission – to promote health and prevent illness. We have been able to test new and innovative approaches to addressing public health challenges and have come to recognize the importance of systems and policy change as an essential tool for sustainable public health improvements. We are excited as we move forward and continue our work to create a Healthy Chicago.

Thank you.

Department: Public Health 2013 Budget Hearing

MBE/WBE Data

Period: 01/01/2012 - 10/10/2012

Total Purchases: \$9,008,000

	MBE	WBE	Total MBE/WBE Purchases
Asian	\$548,000 (6.1%)	\$ 12,500 (0.1%)	
African-American	\$222,000 (2.5%)	\$177,850 (1.9%)	
Hispanic	\$109,400 (1.2%)	\$ 0 (0.0%)	
Total Spending	\$879,400 (9.8%)	\$213,000 (2.2%)	\$1,092,400 (12.0%)

Staffing Data

Department Ethnicity and Gender				
	Male	Female	Total	%
Asian	15	41	56	8.9%
Black	53	271	324	51.8%
Hispanic	39	83	122	19.5%
White	51	71	122	19.5%
Asian Indian	1	0	1	0.3%
Total	159	466	625	100.0%

New Hires Ethnicity and Gender				
	Male	Female	Total	%
Asian	0	1	1	3.6%
Black	3	12	15	53.6%
Hispanic	2	1	3	10.7%
White	3	5	8	28.5%
Amer Indian	0	1	1	3.6%
Total	8	20	28	100.0%

Department Managers Ethnicity and Gender				
	Male	Female	Total	%
Asian	2	2	4	11.4%
Black	3	6	9	25.8%
Hispanic	0	4	4	11.4%
White	10	8	18	51.4%
Total	15	20	35	100.0%

Interns

[illegible]

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School	Gender	Race
North Park University	Female	Asian
University of Illinois - Chicago	Male	Asian
DePaul University	Female	White
DePaul University	Female	White
DePaul University	Male	African
St. Louis University	Female	Asian
Illinois Benedictine	Female	Not disclosed
DePaul University	Female	Hispanic
DePaul University	Female	Hispanic
DePaul University	Male	Native American
Chicago School of Psychology	Male	White
Chicago School of Psychology	Female	White
DePaul University	Female	White
Illinois Benedictine	Female	White
DePaul University	Male	White
University of Illinois - Chicago	Female	Asian
University of Illinois - Chicago	Male	White
Chicago State	Female	African American
Governor's State	Male	Hispanic
Governor's State	Female	African American
Illinois Benedictine	Female	White
University of Illinois - Chicago	Female	White
Coyne College	Female	African American
Everest College	Female	African American
DePaul University	Female	White
Coyne College	Female	African American
DePaul University	Female	White
DePaul University	Female	White

CHICAGO DEPARTMENT OF PUBLIC HEALTH

